

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

LODM/ P31853PC

Box No. I	TITLE OF INVENTION COMPOSITION		
Box No. II	APPLICANT	<input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Loders Croklaan BV Hogeweg 1 1521 AZ Wormerveer The Netherlands		Telephone No.	
		Facsimile No.	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: NL		State (that is, country) of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Box No. III	FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)		
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		<input type="checkbox"/> applicant only	
		<input checked="" type="checkbox"/> applicant and inventor	
		<input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)	
Applicant's registration No. with the Office			
State (that is, country) of nationality: DE		State (that is, country) of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.			
Box No. IV	AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE		
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:		<input checked="" type="checkbox"/> agent	<input type="checkbox"/> common representative
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Stevens, Ian Eric Potter Clarkson Park View House 58 The Ropewalk Nottingham NG1 5DD England		Telephone No.	
		(0115) 9552211	
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Teleprinter No.		37540 Potter G	
Agent's registration No. with the Office			
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.			

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> CAIN, Frederick William Loders Croklaan BV Hogeweg 1 1521 AZ Wormerveer The Netherlands		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: GB		State <i>(that is, country)</i> of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> STAM, Wiro Loders Croklaan BV Hogeweg 1 1521 AZ Wormerveer The Netherlands		This person is <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: NL		State <i>(that is, country)</i> of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> SCHMID, Ulrike Loders Croklaan BV Hogeweg 1 1521 AZ Wormerveer The Netherlands		This person is <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: DE		State <i>(that is, country)</i> of residence: NL	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> (Empty)		This person is <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i> Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality:		State <i>(that is, country)</i> of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			